

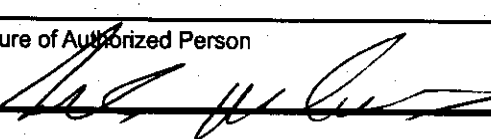


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2017**

Limited Liability Company

- Filing period: September 1 - November 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |                    |                                                                                                                                                 |                                   |                         |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>149083</b>                                                                                                                                                                        |                    | 2. Exact name of the Limited Liability Company<br><b>HARAMOS REALTY, LLC</b>                                                                    |                                   |                         |                     |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO HOLD BUY SELL LEASE OR OTHERWISE DEAL WITH REAL ESTATE</b> |                                   |                         |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |                    |                                                                                                                                                 |                                   |                         |                     |
| 6. Principal Office Address<br><b>15 SANDY BOTTOM ROAD</b>                                                                                                                                                  |                    |                                                                                                                                                 | City<br><b>COVENTRY</b>           | State<br><b>RI</b>      | Zip<br><b>02816</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                                                 |                                   |                         |                     |
| Contact Name<br><b>GEORGE MELANIS</b>                                                                                                                                                                       |                    |                                                                                                                                                 | Contact Title<br><b>PRESIDENT</b> |                         |                     |
| Street Address<br><b>15 SANDY BOTTOM ROAD</b>                                                                                                                                                               |                    |                                                                                                                                                 | City<br><b>COVENTRY</b>           | State<br><b>RI</b>      | Zip<br><b>02816</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                                                 |                                   |                         |                     |
| Manager Name<br><b>GEORGE MELANIS</b>                                                                                                                                                                       |                    |                                                                                                                                                 | Manager Name                      |                         |                     |
| Street Address<br><b>15 SANDY BOTTOM ROAD</b>                                                                                                                                                               |                    |                                                                                                                                                 | Street Address                    |                         |                     |
| City<br><b>COVENTRY</b>                                                                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02816</b>                                                                                                                             | City                              | State                   | Zip                 |
| Manager Name                                                                                                                                                                                                |                    |                                                                                                                                                 | Manager Name                      |                         |                     |
| Street Address                                                                                                                                                                                              |                    |                                                                                                                                                 | Street Address                    |                         |                     |
| City                                                                                                                                                                                                        | State              | Zip                                                                                                                                             | City                              | State                   | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                    |                                                                                                                                                 |                                   |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                    |                                                                                                                                                 |                                   |                         |                     |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |                    |                                                                                                                                                 |                                   |                         |                     |
| Name of Authorized Person<br><b>GEORGE MELANIS</b>                                                                                                                                                          |                    |                                                                                                                                                 |                                   | Date<br><b>10-30-17</b> |                     |
| Signature of Authorized Person<br>                                                                                       |                    |                                                                                                                                                 |                                   | SIGN DOCUMENT HERE      |                     |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

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BY **4523**

FORM 632 - Revised: 08/2017